C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

May 25, 2010

Gary Moore, Administrator State Hospital North 300 Hospital Drive Orofino, Idaho 83544

RE:

State Hospital North, provider #43506

Dear Mr. Moore:

This is to advise you of the findings of the Fire Life Safety Survey, which was concluded at your facility, State Hospital North, on May 18, 2010.

Enclosed is a State Form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed.

Sign and date the form(s) in the space provided at the bottom of the first page.

Gary Moore, Administrator May 25, 2010 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **June 7, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Health Facility Surveyor

myh Bol

Facility Fire Safety and Construction Program

TB/lj

Enclosures

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IOENTIFICATION NUMBER: COMPLETED 01 - ENTIRE HOSPITAL A. BUILDING B. WING 43506 05/18/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 HOSPITAL DRIVE STATE HOSPITAL NORTH OROFINO, ID 83544 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) B 000 16.03.14 Initial Comments B 000 The Hospital was constructed and opened April 1995. The building is Type V (111) construction and is 58,430 square feet in size with nine exits to grade. The Administration area is wood framed with 2" by 6" studs and 5/8" gypsum board. There are two patient housing units in the facility that are secure and exit door control is maintained with magnetic locks, key operation, and fire alarm activation. The two patient housing units are a mixed construction type consisting of concrete, cinderblock, and steel studs with 5/8" gypsum board. The building is single story with an upper level mechanical loft which contains the HVAC equipment and the building's plumbing system. There is an automatic sprinkler system installed throughout the facility that is tied into the fire alarm system which is off-site monitored. The fire alarm consists of system smoke detectors located at corridor smoke doors, patient sleeping rooms and the mechanical loft. Pull stations are key activated, and the portable fire extinguisher cabinets are secured, on-site staff are required to carry keys at all times. Emergency power and lighting are provided by an on-site generator. The facility is currently licensed for sixty beds. The following deficiencies were cited at the RECEIVED above facility during the Fire/Life Safety survey conducted on May 18, 2010. The facility was JUN - 7 2010 surveyed in accordance with IDAPA 16.03.14 and the 1985 Edition of the Life Safety Code. FACILITY STANDARDS The survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Aduria. Trille ROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Bureau of Facility Standards

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Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 - ENTIRE HOSPITAL A. BUILDING B. WING 43506 05/18/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 HOSPITAL DRIVE STATE HOSPITAL NORTH OROFINO, ID 83544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) BB161 Continued From Page 1 **BB161** BB161 16.03.14.510 Fire and Life Safety Standards BB161 Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure smoke doors were self closing. The facility had a census of forty five patients on the day of the survey. The door closer has been Findings include: 6-2-10 adjusted so the door will self During the facility tour on May 18, 2010 at 12:30 close. Safety committee members PM, observation of the smoke door to the and Safety Officer will conduct administrative offices revealed that the door periodic inspection to ensure would not self close when released from the deficient practice will not open position. Findings were witnessed and recur. noted by the Surveyor and Maintenance Staff. This deficiency affected eight staff and no patients in two of eleven smoke compartments. Actual NFPA Standard NFPA 101 - 1985 Edition, Chapter 12 New Health Care Occupancies 12-3.7.7 Doors in smoke barriers shall with comply with Section 6-3 and shall be self closing. 6-3.3.3 Doors in smoke barriers shall be self-closing or automatic-closing and shall

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

43506

01 - ENTIRE HOSPITAL A. BUILDING B. WING _

05/18/2010

NAME OF PROVIDER OR SUPPLIER STATE HOSPITAL NORTH

STREET ADDRESS, CITY, STATE, ZIP CODE

300 HOSPITAL DRIVE

SUMMARY STATEMENT OF DEFICIENCIES PREFIX CRACH GEFICIENCY MUSTS BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY CRACH SECRETORY MUSTS BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY CROSS-REFERENCE AT THE PREFIX CAMPACT CA			OROFINO,	ID 83544		
comply with the provisions of 5-2.1 BB162 Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference. Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department. Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code on an applicable edition of the "Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern. This Rule is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure that sprinkler heads were not altered. The facility had a census of forty five patients on the day of the survey. Findings include: During the facility tour on May 18, 2010 at 1:14 PM, observation of room #318 (storage room)	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 - ENTIRE HOSPITAL A. BUILDING B. WING 43506 05/18/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 HOSPITAL DRIVE STATE HOSPITAL NORTH OROFINO, ID 83544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) BB162 Continued From Page 3 BB162 witnessed and noted by the Surveyor and The Safety Officer has scheduled 7-13-1(Maintenance Staff. This deficiency affected eight licensed contractor to replace staff and twenty eight patients in one of eleven sprinkler head 7-13-10. smoke compartments. Actual NFPA Standard NFPA 101 - 1985 Edition, Chapter 12 New Health Care Occupancies 12-3.5.2 Where exceptions are stated in the provisions of the Code for Health Care Occupancies protected throughout by an approved automatic sprinkler system, and where such systems are required, the systems shall be in complete accordance with Section 7-7 for systems in light hazard occupancies and shall be electrically interconnected with the fire alarm system. Section 7-7.1.1 Each automatic sprinkler system required by another section of this code shall be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13 - 1985 Edition 3-16.2.2 Sprinklers shall not be altered in any respect or have any type of ornamentation or coating applied after shipment from the place of manufacture. BB168 16.03.14.510.07 Maintenance of Equipment **BB168** 07. Maintenance of Equipment. The hospital shall establish routine test, check, and maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems. Frequency of testing, checks, and maintenance shall be in accordance with applicable National Fire Protection Association Standards referenced in Appendix B of the 1985 "Life Safety Code" or as adopted by the Idaho State Fire Marshal. (10-14-88)

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Bureau of Facility Standards

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 - ENTIRE HOSPITAL A. BUILDING B. WING 05/18/2010 43506 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 HOSPITAL DRIVE STATE HOSPITAL NORTH OROFINO; ID 83544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) BB168 Continued From Page 4 **BB168** This Rule is not met as evidenced by: Based on record review, it was determined that the facility failed to ensure that the sprinkler system was being inspected and tested on a quarterly basis. The facility had a census of forty five patients on the day of the survey. Findings include: Safety Officer has scheduled 7-13-10 on 7-13-2010 a licensed & gtrly An examination of the facility's sprinkler system. contractor to train maintenance records on May 18, 2010 at 10:45 AM, revealed personnel on the proper procedure that there was no documentation for quarterly to conduct quarterly inspections sprinkler system inspections or tests. Findings and tests on sprinkler system. were witnessed and noted by the Surveyor and This task will be entered into Maintenance Staff. This deficiency affected all a preventive maintenance staff and patients present on the day of the schedule to ensure it is survey. completed quarterly. Actual NFPA Standard NFPA 101 - 1985 Edition, Chapter 12 New Health Care Occupancies 12-3.5.2 Where exceptions are stated in the provisions of the Code for Health Care Occupancies protected throughout by an approved automatic sprinkler system, and where such systems are required, the systems shall be in complete accordance with Section 7-7 for systems in light hazard occupancies and shall be electrically interconnected with the fire alarm Section 7-7.1.1 Each automatic sprinkler system required by another section of this code shall be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13 - 1985 Edition 1-5.1 A sprinkler system installed under this standard shall be properly maintained for efficient service. 1-5.2 The installing contractor shall provide the owner with: (a) Instruction charts describing operation and proper maintenance of sprinkler

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FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 - ENTIRE HOSPITAL A. BUILDING B. WING 43506 05/18/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 HOSPITAL DRIVE STATE HOSPITAL NORTH OROFINO, ID 83544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) BB168 Continued From Page 5 BB168 devices, (b) Publication entitled NFPA 13A -Inspection, Testing and maintenance of Sprinkler Systems. NFPA 13A - 1981 Edition 1-6.1 (a) Four visits per year, at regular intervals. (b) All services indicated in summary Table 7-3. 4-5.3 Water-flow alarm devices should be tested at least quarterly, weather permitting. Table 7-3 Quarterly Test - Tamper Switch, Main Drain Flow Test